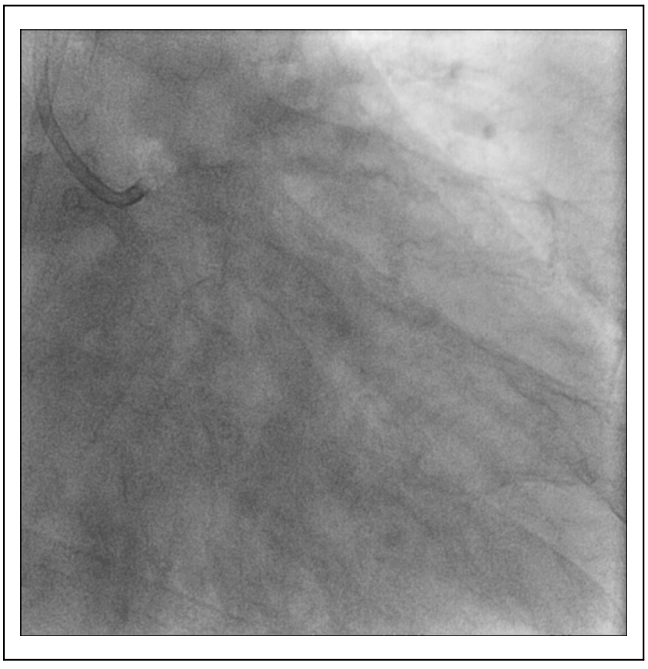
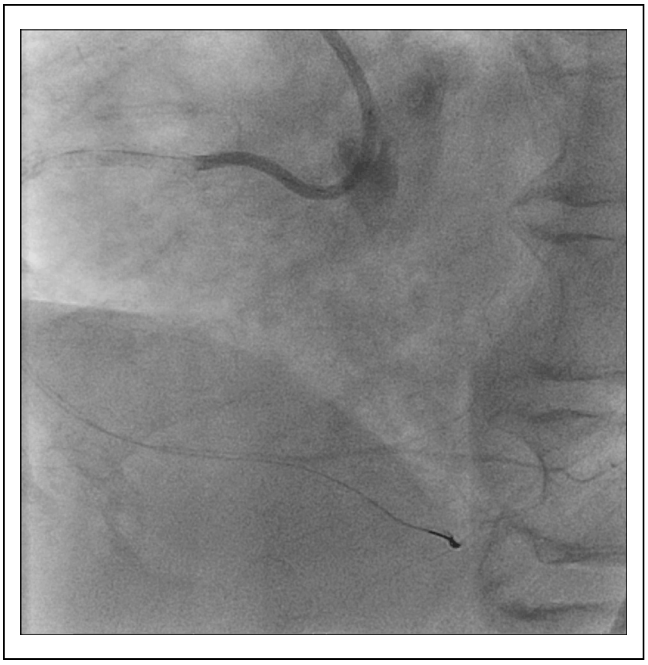
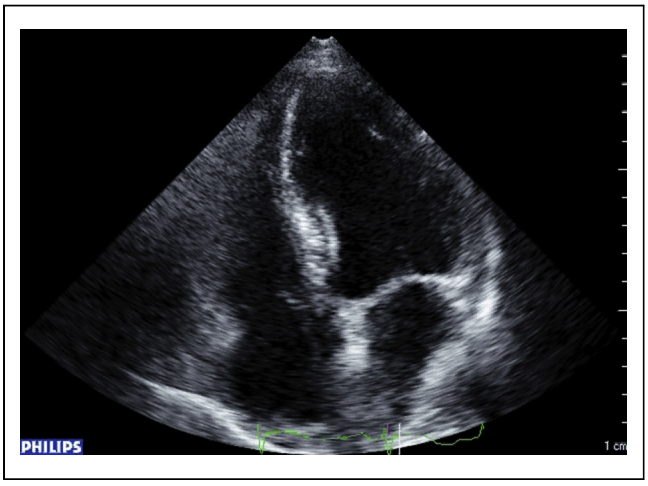
PCI system for LMT bifurcation:
GC:SL4.0 7F (Launcher), GW: Sion

1. First, Finecross GT and XTR successfully reached to RCA#4PD through the CTO lesion.
2. Sapphire2 1.0×6mm could pass CTO lesion by using anchor balloon technique with Trek 2.0x15mm at conus branch.
3. CTO lesion was dilated by the prescribed Trek 2.0×15mm.
4. Good dilatation and TIMI 3 flow were obtained after two Xience Xpedition.
5. Second, Xience Xpedition was successfully deployed from LMT ostium to proximal LAD and kissing balloon technique was performed with Powered Lacrosse2 2.5x15mm and Trek 2.0x15mm

His hemodynamics and left ventricular motion became normal after the PCI.
He could uneventfully discharge at 24 hospital day.







Case Summary. We experienced a challenging case of Killip4 NSTEMI patient with CTO and LMT lesion successfully treated by PCI.
Effective revascularization made the hospitalization shorter and his quality of life better.

TCTAP C-028
Bifurcation Left Main Stenting

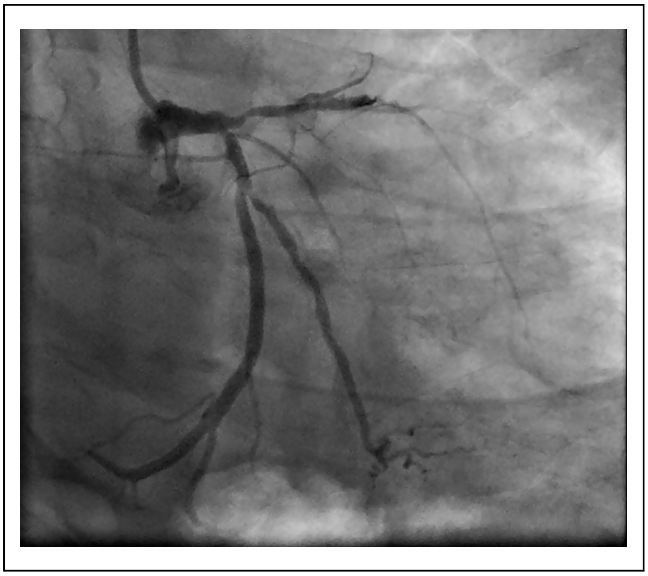
Anand Rao[1]
[1]Holy Family Hospital, India

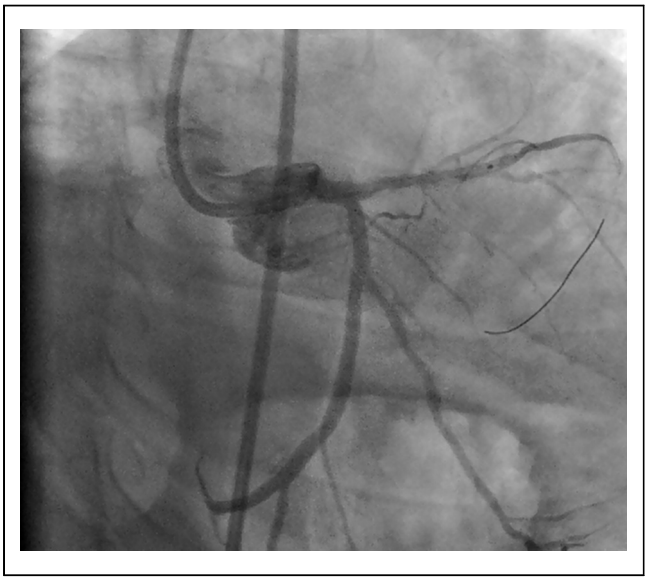
[CLINICAL INFORMATION]
Patient initials or identifier number. SB

Relevant clinical history and physical exam. Pt came with Acute chest pain in anterior leads with KILIP Class II failure and ST Elevation non diabetic hypertensive PTCA to Proximal LAD done 8 yrs ago.

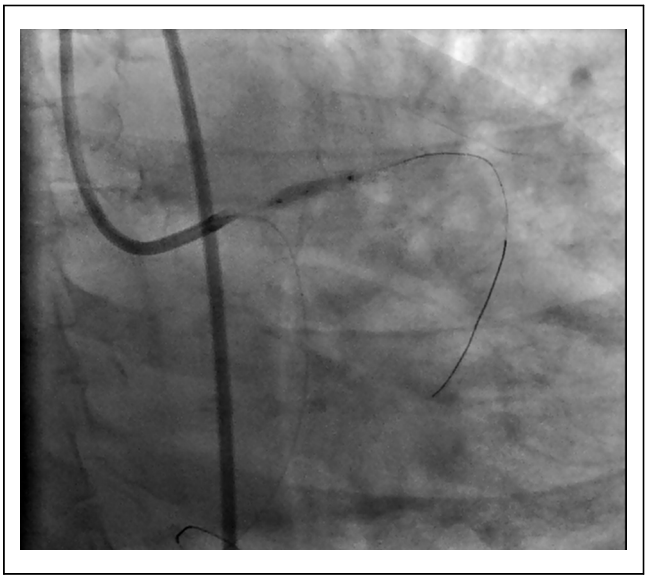
Relevant test results prior to catheterization. Creatinine 1.0 2D Echo anterior wall hypokinases EF 40%

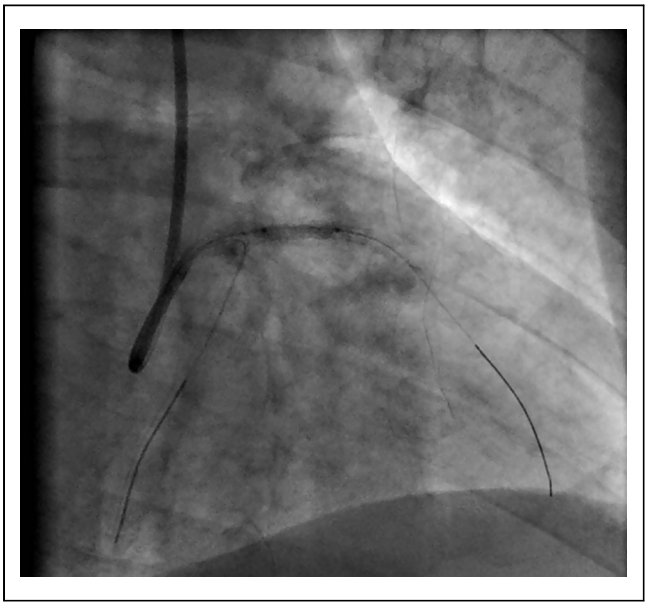
Relevant catheterization findings. There was distal LEFT Main lesion in the LAD and circumflex ostium around 90% with TIMI I flow in the LAD There was thrombous at the Ostiol proximal LAD the previous stent appear to patent, RCA non dominant normal.





[INTERVENTIONAL MANAGEMENT]
Procedural step. Transfemoral access extra back up 3.5 guide, both the arteries were wired, predilatation done and distal left main was addressed by mini crush technique with final kissing balloon





Case Summary. This was dominant left sided circulation. The circumflex ostium was critically narrow 2 stent strategy was adopted which turn out to be good final end result.

TCTAP C-029

Simultaneous Non-Culprit Vessel Intervention During Primary Angioplasty for ST Elevation Myocardial Infarction

Krishnan Suresh,[1] Arshad Mushahafil[2]
[1]SK Hospital & KIMS Hospital, India; [2]SK Hospital, Trivandrum, India

[CLINICAL INFORMATION]
Patient initials or identifier number. CMGK

Relevant clinical history and physical exam. 54 yr old male, admitted with central chest pain and profuse sweating
Smoker, with Type 2 Diabetes, Dyslipidemia,
Pulse 100/min, sinus rhythm. BP 120/86
No evidence of heart failure
Provisional diagnosis of ACS - STEMI - Inferolateral wall